

**HUD LIHTC Tenant Data Collection Form**

Certification Type: _____ (1=Initial Certification ; 2=Recertification; 3=Other) If other, specify: _____	Effective Date of Certification: _____ LIHTC Qualification Date: _____ (YYYY-MM-DD)
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**Part I: Development Data**

Property Name: _____	PIN: _____	BIN: _____
Building Address: _____	Unit Number: _____	# Bedrooms: _____

**Part II: Household Composition**

Was Unit Vacant on December 31, 2013? ☐ Yes; ☐ No (If Yes, no other tenant-specific information required.)

HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (YYYY/MM/DD)	F/T student (Y or N)	Last 4 Digits of SSN
1										
2										
3										
4										
5										
6										
7										

**Part III: Gross Annual Income (Use ANNUAL Amounts)**

HH Mbr #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
<i>Individual Household Member Income Data is Optional – Household Total, Box (L) below, is Required</i>				
<b>Totals</b>				
Add totals from (A) through (D), above TOTAL INCOME (E):				

**Part IV: Income from Assets**

HH Mbr #	(F) Type of Asset	(G) Current or Imputed	(H) Cash Value of Asset	(I) Income from Asset
<i>Individual Household Member Income Data is Optional – Household Total, Box (L) below, is Required</i>				
<b>Totals</b>				
Enter column (H) total if over \$5,000 \$ _____		Passbook Rate X 2.00% _____		= (J) Imputed Income
Enter the greater of the total of column I or J		<b>TOTAL INCOME FROM ASSETS (K)</b>		
<b>(L) Total Annual Household Income from All Sources [ Add (E) + (K) ]</b>				
Effective Date of LIHTC Income Certification: _____ (YYYY-MM-DD)				
Household Size at LIHTC Certification: _____				

**Part V: Determination of Income Eligibility**

Total Annual Income From All Sources: \$ \_\_\_\_\_

[From Item (L)]

Household Meets LIHTC Income Restriction at: ☐ 50% AMGI;☐ 60% AMGI;

If income restriction for this unit is set-aside below elected ceiling, enter percentage. \* \_\_\_\_\_%

*\*Do not enter the actual calculated percentage for tenant.*

Current LIHTC Income Limit per Family Size: \$ \_\_\_\_\_

**RECERTIFICATION ONLY:**

Current Income Limit x 140%: \$ \_\_\_\_\_

Household Income Exceeds 140% at Recertification:

☐ Yes ☐ No

Household Income at LIHTC Qualification Date: \$ \_\_\_\_\_

Household Size at LIHTC Qualification Date: \_\_\_\_\_

**Part VI: Monthly Rent**

Tenant Paid Monthly Rent: \$ \_\_\_\_\_

Monthly Utility Allowance: \$ \_\_\_\_\_

Other Monthly Non-optional Charges: \$ \_\_\_\_\_

**Gross Monthly Rent for Unit:** \$ \_\_\_\_\_

(Tenant Paid Rent plus Utility Allowance and Other Non-Optional Charges)

Maximum LIHTC Rent for this Unit: \$ \_\_\_\_\_

Unit Meets LIHTC Rent Restriction at: ☐ 50% AMGI;☐ 60% AMGI;

If rent for this unit is set-aside below elected ceiling, enter percentage. \* \_\_\_\_\_%

*\*Do not enter the actual calculated percentage for tenant.***Total Monthly Rent Assistance:** \$ \_\_\_\_\_

Federal Rent Assistance: \$ \_\_\_\_\_

Other Rent Assistance: \$ \_\_\_\_\_

**Source of Federal Rent Assistance:** \_\_\_\_\_

1. HUD Multi-Family Project-Based Rental Assistance (PBRA)<sup>1</sup>
2. HUD Section 8 Moderate Rehabilitation
3. Public Housing Operating Subsidy
4. HOME Rental Assistance

5. HUD Housing Choice Voucher (HCV), tenant-based
6. HUD Project-Based Voucher (PBV)
7. USDA Section 521 Rental Assistance Program
8. Other Federal Rental Assistance

<sup>1</sup> Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)**Part VII. Student Status**Are all Occupants Full-Time Students? ☐ Yes ☐ No

\*Student Explanation:

If Yes, enter Student Explanation\*: \_\_\_\_\_

- |                                  |                         |
|----------------------------------|-------------------------|
| 1. TANF Assistance               | 4. Married/Joint Return |
| 2. Job Training Program          | 5. Previous Foster Care |
| 3. Single Parent/Dependent Child | 6. Extended-Use Period  |

**Part VIII: Program Type**

Mark the program(s) listed below (a through e) for which this household's unit will be counted toward the property's occupancy requirements. Next to each program marked, indicate the household's income status as established by the certification/recertification.

☐ a. Tax Credit☐ b. HOME☐ c. Tax Exempt☐ d. AHDP☐ e. \_\_\_\_\_  
(Name of Program)

See Part V above.

Income Status:

☐ ≤ 50% AMGI☐ ≤ 60% AMGI☐ ≤ 80% AMGI☐ OI\*\*

Income Status:

☐ 50% AMGI☐ 60% AMGI☐ 80% AMGI☐ OI\*\*

Income Status:

☐ ≤ 50% AMGI☐ ≤ 80% AMGI☐ OI\*\*

Income Status:

☐ \_\_\_\_\_%

\*\* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

**Privacy Act Information:** This collection is authorized by 42 USC § 1437z–8. The collection of partial social security numbers is permitted by 42 U.S.C. § 3543 and 3544. The information collected on these forms is protected by the Privacy Act of 1974, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the Fair Housing Act (42 U.S.C. 3601-19). This collection is mandatory, but disclosure by the tenant of race, ethnicity and disability status is optional.

For information, assistance, or inquiry about the existence of records, contact the Privacy Act Officer at the Department of Housing and Urban Development, 451 7th Street S.W., Washington, D.C. Written requests must include the full name, Social Security Number, date of birth, current address, and telephone number of the individual making the request.

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## Instructions

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**General Instructions:** The purpose of this form is to enable reporting of federal low income housing tax credit data. The definitions for all fields are to be understood in that context. All fields below must appear on the state TIC. A state may not collect data in a field that differs from the applicable definition below. States are free to include other fields on their TICs that are designed to collect other data. Displaying OMB information on the form, including the OMB form number, is appropriate only if the HUD OMB-approved TIC remains unchanged. However, if any changes are made to the form (changing words, adding signature blocks, etc) the OMB number, approval date, etc must not be included on the state form. OMB rules do not allow for any modifications of an OMB form if the OMB number is to be used.

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### Part I - Development Data

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**Certification Type:** *Enter the type of tenant certification: Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, specify the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).*

**Effective Date:** *Enter the effective date of the tax credit certification. If a self-certification was conducted after a verified income certification, enter the self-certification date. Part IV below requests the date of the verified income certification.*

**LIHTC Qualification Date:** *Enter the most recent tax credit qualification date for the household that is less than or equal to the certification effective date.*

**Property Name:** *Enter the name of the development.*

**PIN:** *Enter the Project Identification Number. Please include hyphens between the state abbreviation, allocating year, and project-specific number. If there is not an established method of assigning PINs, HUD recommends using the following format: State Postal Abbreviation - Allocation Year - First two digits of BIN (if those digits are project specific); e.g. CT-10-01.*

**BIN #:** *Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609). According to IRS Notice 88-91, the BIN consists of a two character state designation (identical to a postal state abbreviation) followed by a two digit designation representing the year the credit is allocated, and a five digit numbering designation. For example, the identification number for one of 25 buildings allocated a credit in 1987 by the Connecticut Housing Finance Authority (the only housing credit allocating agency in the state) might read CT-87-00023.*

**Building Address:** *Enter the physical address of the building, including street number and name, city, state and zip code as provided on the IRS 8609 Form.*

**Unit Number:** *Enter the unit number.*

**# Bedrooms:** *Enter the number of bedrooms in the unit.*

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### Part II - Household Composition

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**Was Unit Vacant on December 31, 2012?:** *Check if unit was vacant on December 31 of requesting year. For the 2011 data collection, this refers to December 31, 2012. "1"=yes; "2"=no*

**Name:** *List first name, middle initial and last name of all occupants of the unit. For unborn child of pregnant household member, enter "unborn".*

**Relationship to Head of Household:** *Enter each household member's relationship to the head of household by using one of the following coded definitions: H – Head of Household; S – Spouse; A – Adult co-tenant; O – Other family member; C – Child (including unborn child of pregnant household member); F – Foster child or Foster adult; L – Live-in caretaker; or N – None of the above.*

**Race:** *Enter each household member's race by using at least one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; 5 – Native Hawaiian/Other Pacific Islander; 6 – Other; or 8 – tenant did not respond.*

**Ethnicity:** *Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino; or 3 – Tenant did not respond.*

**Disabled?:** Check yes ("1"=yes; "2"=no; or "3"=Tenant did not respond) if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate."

**Date of Birth:** *Enter each household member's date of birth.*

**Student Status:** *Enter Yes if the household member is a full-time student or No if the household member is not a full-time student. "1"=yes; "2"=no*

**Last Four Digits of Social Security Number:** *For each tenant over 18 years of age, enter the last four digits of the social security number or the last four digits of the alien registration number. If tenant does not have a SSN or alien registration number, enter "0000".*

### Part III - Annual Income

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.**

From the income verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Individual household member income and total income for each Column is optional. Total Annual Household Income From All Sources, Box (L) in Part IV, is required. If individual household member income is provided, list the respective household member number from Part II.

Column (A): *Enter the annual amount of wages, salaries, tips, commissions, bonuses and other income from employment; distributed profits and/or net income from a business.*

Column (B): *Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.*

Column (C): *Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).*

Column (D): *Enter the annual amount of alimony, child support, unemployment benefits or any other income regularly received by the household.*

Line (E): *Add the totals from columns (A) through (D), above. Enter this amount.*

### Part IV - Income from Assets

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.**

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. Individual household member income and total income for Columns (H) and (I) are optional. Total Annual Household Income From All Sources, Box (L), is required. If individual household member income is provided, list the respective household member number from Part II.

Column (F): *List the type of asset (i.e., checking account, savings account, etc.)*

Column (G): *Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification. ("1" = C; "2" = I)*

Column (H): *Enter the cash value of the respective asset.*

Column (I): *Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).*

**TOTALS:** *Add the total of Column (H) and Column (I), respectively.*

If the total in Column (H) is greater than \$5,000 you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Box (K): Enter the greater of the total in Column (I) or (J).

Box (L): Total Annual Household Income From all Sources. Add (E) and (K) and enter the total. **THIS INFORMATION IS REQUIRED.**

Effective Date of LIHTC Income Certification: If the current Tenant Income Certification (TIC) did not update the tenant's income information and the TIC is reporting previous income, enter the effective date of the income qualification corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the effective date listed in Part I.

Household Size at LIHTC Certification: If the current Tenant Income Certification (TIC) did not update the tenant's household size information and the TIC is reporting previous information, enter the number of tenants corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the number of tenants listed in Part II.

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## Part V – Determination of Income Eligibility

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Total Annual Household Income from all Sources: Enter the number from item (L).

Household Meets LIHTC Income Restriction at: Indicate the income restriction that the household meets according to what is required by the LIHTC federal set-aside(s) for the project.

If the income restriction for this unit is set-aside below elected ceiling, enter the percent required. If this unit has an income-restriction set below the elected federal maximum, enter the percent required.

Current LIHTC Income Limit per Family Size: Enter the Current Maximum Move-in Income Limit for the household size. The income limit must be the IRS Section 42 income limit associated with the federal tax credit set-aside.

For Recertifications Only:

Current Income Limit x 140%: For recertifications only, multiply the Current Maximum Move-in Income Limit by 140% and enter the total.

Household Income Exceeds 140% at Recertification: Indicate whether the household income exceeds 140% of the current income limit.

Household Income at LIHTC Qualification Date: For recertifications, only, enter the household income at the time of LIHTC qualification.

Household Size at LIHTC Qualification Date: For recertifications only, enter the household income at the time of LIHTC qualification. On the adjacent line, enter the number of household members at the time of program qualification.

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## Part VI - Monthly Rent

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Tenant Paid Monthly Rent: Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).

Monthly Utility Allowance: Enter the utility allowance. If the owner pays all utilities, enter zero.

Other Monthly non-optional charges: Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.

Gross Monthly Rent for Unit: Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges. The total may NOT include amounts other than Tenant Paid Rent, Utility Allowance and other non-optional charges. In accordance with the definition of Gross Rent in IRC §42(g)(2)(B), it may not include any rent assistance amount.

Total Monthly Rent Assistance: Enter the amount of total rent assistance received, if any.

Federal Rent Assistance: Enter the amount of rent assistance received from a federal program, if any.

Other Rent Assistance: Enter the amount of non-federal rent assistance received, if any.

Source of Federal Rent Assistance: If federal rent assistance is received, indicate the program source

Maximum LIHTC Rent Limit for this Unit: Enter the maximum allowable gross rent for the unit. This amount must be the maximum amount allowed by the Current Income Limit per Family Size—specifically, the max rent limit for the federal 50% or 60% set aside.

Unit Meets LIHTC Rent Restriction at: Indicate the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project. If your agency requires a rent restriction lower than the federal limit, enter the percent required.

If rent for this unit is set-aside below elected ceiling, enter the percent required. If this unit has a rent level set below the elected federal maximum, enter the percent required.

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## Part VII - Student Status

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Are all Occupants Full-Time Students?: If all household members are full-time students, check “yes”. Full-time status is determined by the school the student attends. If at least one household member is not a full-time student, check “no”. (“1”=yes; “2”=no)

Student Explanation: If all occupants are full-time students, indicate the appropriate exemption as listed in the box to the right. Note that not all exemptions listed are applicable to each state, e.g. Extended-Use Period.

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**Part VIII – Program Type**


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Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by the certification/recertification. If the property does not participate in the HOME, Tax-Exempt, Affordable Housing Disposition Program (AHDP) or other housing program, leave those sections blank.

*Tax Credit: Mark the appropriate box indicating the household's designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property's minimum set aside. Upon re-certification, if the household's income exceeds 140% of the income limitation imposed by Section 42, mark "OI".*

*HOME: If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set asides, mark the appropriate box indicating the household's designation.*

*Tax Exempt: If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household's designation.*

*AHDP: If the property participates in the Affordable Housing Disposition Program (AHDP) program, and this household's unit will count towards the set aside requirements, select the appropriate box to indicate if the household is a VLI, LI or OI (at re-certification) household.*

*Other: If the property participates in any other affordable housing program, complete the information as appropriate.*

**PUBLIC BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 40 hours for each response. This includes the time for collecting, reviewing, and reporting the data. The information will be used to measure the number of units of housing financed with the Low-Income Housing Tax Credit (LIHTC) that are produced each year. The information will also be used to analyze the characteristics of these housing units, and will be released to the public. This agency (HUD) may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.